

EXHIBIT 6-D

REQUEST FOR VERIFICATION OF BIDDER ELIGIBILITY

(Date)

Montana Department of Commerce
Community Development Division
P.O. Box 200523
301 S. Park Ave.
Helena, MT 59620-0523

The (name of grantee: City, Town or County of) opened bids for the construction on the (name of project) on (date of bid opening) and would like clearance on the (lowest bidder or two lowest bidders). Please check the current U.S. General Services Administration "Lists of Parties Excluded from Federal Procurement or Nonprocurement Programs" to verify eligibility of the following contractor(s):

(Provide business name(s), name of owners (principals or partners), and business address)

Sincerely,

(signature)
Project Engineer *(typed name)*
(or Labor Standards Officer)
Mailing Address
Telephone and FAX Number
E-mail Address